

Application Data Sheet

**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A MULTI-PLY TISSUE PAPER
Attorney Docket Number::	1501-1327
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: ANNA  
Middle Name::  
Family Name:: MANSSON  
Name Suffix::  
City of Residence:: MOLNDAL  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing PINNHARVSGATAN 4D  
Address::  
City of Mailing Address:: MOLNDAL  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: 431 47

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: JAN-PETER  
Middle Name::  
Family Name:: BRUNBACK  
Name Suffix::  
City of Residence:: TORSLANDA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing BENJAMINS LYCKA 25  
Address::  
City of Mailing Address:: TORSLANDA

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: 423 36

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AUSTRIA  
Status:: Full Capacity  
Given Name:: SVEN  
Middle Name::  
Family Name:: GROSS  
Name Suffix::  
City of Residence:: EBBS  
State or Province of  
Residence::  
Country of Residence:: AUSTRIA  
Street of Mailing TAFANG 13 B  
Address::  
City of Mailing Address:: EBBS  
State or Province of Mailing Address::  
Country of Mailing Address:: AUSTRIA  
Postal or Zip Code of Mailing Address:: 6341

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: THAMI  
Middle Name::  
Family Name:: CHIHANI  
Name Suffix::  
City of Residence:: MOLNLYCKE  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing RADA PORTAR 7

Address::

City of Mailing Address:: MOLNLYCKE

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: 435 32

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2004/000308	3/4/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::